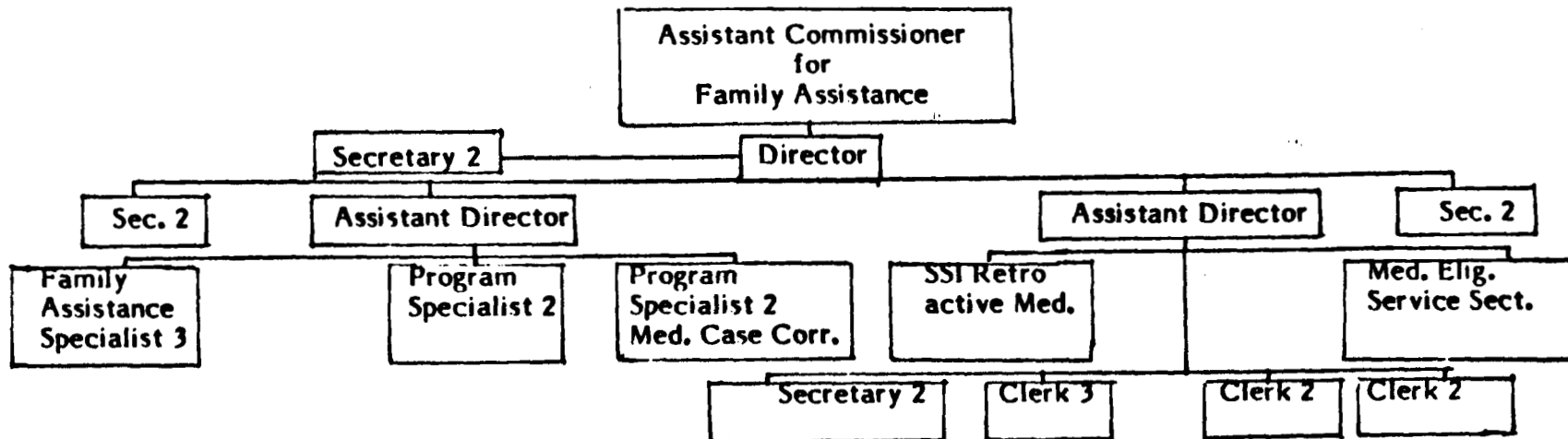


DEPARTMENT OF HUMAN SERVICES
MEDICAL ASSISTANCE POLICY UNIT



DEPARTMENT OF HUMAN SERVICES

The Department of Human Services has responsibility to determine eligibility for medical assistance in accordance with Title XIX of the Social Security Act. Tennessee Code Annotated, Section 14-22-204, 14-23-102, 14-23-104, and 14-23-111 empowers the Department to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of medical assistance. Federal regulations set forth the technical eligibility requirements of the Medically Needy Program and for Categorically Needy coverage groups. (42-CFR-435)

The Medical Services Program is funded through State and Federal funds with the federal funds being 70.20 percent and state being 29.80 percent. The Medically Needy Program provides Medicaid coverage to dependent children (includes children up to age 21) who meet the AFDC definition of deprivation, children in special living arrangements, disabled children, children with special diagnoses and pregnant women with or without other dependent/deprived children.

Individuals or families are classified as Exceptional Medically Needy or Spend-down Medically Needy. Persons are Exceptional Medically Needy if their countable monthly income is below the appropriate Medically Needy Income Standard. Those whose income is in excess of the Medically Needy Income Standard may be eligible under the spend-down provision which allows the applicant(s) to apply any excess income to incurred medical expenses in order to attain Medicaid eligibility on a quarterly basis.

Medicaid is also extended to Categorically Needy coverage groups including recipients of AFDC cash assistance, aged, blind or disabled individuals who were eligible in 12-73, mandatory state supplement cases, SSI recipients, those who would be eligible for SSI if the Social Security cost-of-living increases were disregarded, aged, blind or disabled individuals confined to medical institutions and pregnant women and children in intact families. In addition, Medicaid is extended to those who are deemed to be AFDC recipients, i.e. those eligible for a grant of less than \$10.00 and to those who are terminated from AFDC cash assistance due to receipt of or an increase in earnings or child support for up to four months following termination, and to those families eligible for 9 months work transition. Pregnant women with no other eligible children are also deemed to be AFDC recipients.

Other eligibles are individuals who are eligible for AFDC or SSI because of requirements that do not apply under Title XIX, newborn children, and children in special living arrangements, disabled children and children with special diagnosis.

(B) Structure

Director

- Primary responsibility for development and maintenance of Medicaid Eligibility Policy
- Plans, controls, reviews and revises work schedules of staff working in this section

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- Coordinates this section's effort with Financial Assistance Nutritional Assistance and Program Consultation sections, as well as Field Operation Division, Corrective Action, and other departmental division
- Assists the Assistant Commissioner in divisional planning, budget and reporting

Assistant Director

- Develops policy and procedure for Medicaid eligibility
- Assists the Director in planning, controlling, reviewing and revising work schedules
- Assists the Director in administration of this section, including but not limited to personnel transactions and budgeting
- Works closely with field staff and program consultants on special initiatives
- Works closely with the Department of Health and Environment to coordinate the roles of the two agencies

Family Assistance Specialist III

- Lead policy writer for the section
- Maintains State plan and prepares State rules
- Responds to policy questions from field staff and program consultants and other interested individuals
- Works closely with other sections in integration of manual material
- Works closely with the Department of Health and Environment in developing Medicaid policy and procedure

Program Specialist II

- Develops policy and procedure for this section, often specializing in program areas, such as nursing homes and AFDC Medically Needy
- Responds to policy questions from field staff and program consultants, generally along speciality lines
- Works closely with the Department of Health and Environment, interstate agencies, and local offices in resolving case related problems activities, including but not limited to application for Retro SSI benefits and review of Real Property Transfers

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State-Level Program Activity

Cited below are a number of special programs which may either be managed by central office Family Assistance staff or coordinated between the field and the State Office:

Medical Eligibility Services Section

MESS, as this unit is referred to, has a variety of responsibilities. Its multiple responsibilities include verifying eligibility for providers; assuring all eligible recipients receive Medicaid cards; assisting county DHS offices, recipients, providers, Department of Health and Environment central and regional offices, the Social Security Administration and the fiscal agent, with numerous types of problems; and interfaces with the fiscal agent to resolve both eligibility and systems problems involving claims payments for Medicaid recipients.

SSI Retroactive Medicaid Coverage

This unit is responsible for determining eligibility for Medicaid coverage for the three-month period prior to an SSI application. A listing of new SSI approvals who have indicated they have unpaid medical bills within that three-month period is provided to this unit. Application forms for Medicaid benefits are then mailed to these individuals and when they are returned to this office, a decision is made on their eligibility.

Federal Matching Projects

The Federal Computer Matching Program in which the Family Assistance Division has been involved has included two phases: Phase I has consisted of reviewing data provided by the Federal Government in conjunction with AFDC case records to determine whether federal employment has been reported. Phase II through additional data provided by the Federal Government has the objective of ascertaining whether evidence exists that welfare recipients might be receiving benefits from more than one jurisdiction.

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